

APPLICATION FOR CERTIFICATE OF OCCUPANCY

Address of property:			
New building <input type="checkbox"/>		Existing building <input type="checkbox"/>	
Vacant lot <input type="checkbox"/>			
Business name:		Phone No.:	
Business address:			
Legal description of property:		Lot	Block
		Subdivision	
Business Owner Name:		Business Owner Address:	
Proposed use :			
Previous use :			
IS THIS AN ADULT-ORIENTED BUSINESS? Yes <input type="checkbox"/> No <input type="checkbox"/>			
NOTICE		PROPERTY MUST BE INSPECTED PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY. OCCUPANCY IS NOT PERMITTED BEFORE CERTIFICATE OF OCCUPANCY IS ISSUED.	
I understand that the use is limited to the proposed use I have described, and repairs, remodeling or alterations are not permitted without first obtaining a permit. <div style="display: flex; justify-content: space-between;"> Signature: _____ Date: _____ </div>			
WATER SERVICE		I am requesting service at this location. If the certificate of occupancy is not approved, water service will be disconnected. <div style="display: flex; justify-content: space-between;"> Signature: _____ Date: _____ </div>	
FOR OFFICIAL USE ONLY			
Zoning: Occupancy classification:		Construction Type: Fire Sprinkler Required: Y N Maximum Occupant Load:	
FIRE DEPARTMENT (254-501-3708)		Approved Signature: <input type="checkbox"/>	Disapproved <input type="checkbox"/> Date:
PUBLIC WORKS (254-501-7625)		Approved Signature: <input type="checkbox"/>	Disapproved <input type="checkbox"/> Date:
HEALTH DEPT (254-526-3197)		Approved Signature: <input type="checkbox"/>	Disapproved <input type="checkbox"/> Date:
PERMITS & INSPECTIONS (254-501-7762)		Approved Signature: <input type="checkbox"/>	Disapproved <input type="checkbox"/> Date:
SPECIAL CONDITIONS:			
COMMENTS:			
IO _____ Date _____		LO _____ Date _____	